

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10519203 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		6				
3						
4						
5						
6		11				
7		11				
8		11				
9						
10		11				
11		11				
12		11				
13		11				
14		11				
15		11				
16		11				
17	1					
18		11				
19		11				
20		11				
21		11				
22		11				
23		11				
24	1					
25		11				
26		11				
27		11				
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48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	2		←		←	←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	←
TOTAL CLAIMS						